

# The Hepatitis C **P**eer **H**arm **R**eduction **E**ducation **Project**



peer based  
harm reduction wa

peer based  
harm reduction

NEW HEP C TREATMENTS AVAILABLE

# Peer Based...

- 🔥 The **only** peer based harm reduction organisation that represents the needs of people who inject drugs in WA
- 🔥 Our services are:
  - 🔥 Non-judgemental
  - 🔥 Evidence and consumer informed
  - 🔥 Peer-led
- 🔥 Understanding priorities
- 🔥 Meeting people where they are



# ...Harm Reduction



## Demand Reduction

- Detox Clinics
- Residential Settings
- Pharmacotherapies (Methadone, Suboxone)
- Early interventions
- Education & Training



## Supply Reduction

- Customs
- Law Enforcement
- Legislation
- Regulation
- Liquor Licensing



## Harm Reduction

- Peer Education
- Overdose Prevention
- NSEP's & NSP's
- Emergency Responses



# Services we provide:

🔥 **NSEP** in the Perth metro and South West region of WA, including **outreach, mobile & postal service**

🔥 Harm reduction **information, education and advocacy**, including significant emphasis on **reducing stigma and discrimination**

🔥 **Nurse Practitioner** operated health services

🔥 **Peer HCV case management**

🔥 Stirling Empowerment Project

🔥 Youth programs

🔥 **Community and workforce development**

🔥 Health promotion & resource production

🔥 Peer **Naloxone** program

🔥 **Peer education programs** (overdose prevention and HCV)





# What is peer education?

1. Train members of particular networks around a specific subject
2. Those people then take that information back to their peer networks
3. Generating positive change within the group

## Why does it work?

The differences are important

Shared priorities

Shared knowledge

Shared experience



Credibility



Normalise



# Hep C PHRE Project

- 🔥 **Recruit and train people who inject drugs, who have completed, or are undergoing, treatment.**
- 🔥 Peer educators collect quantitative and qualitative data in a structured “peer diary”, and refer their peers to us
- 🔥 Diaries submitted monthly, mentoring by peer project officer, resource replenishment and remuneration is provided
- 🔥 Where identified a hepatitis C peer worker follows up consumer to support testing and treatment

**Peer Interaction Checklist**

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Gender: Male / Female / Other | Aboriginal / CALD (other cultures)  
Drug of preference #1: \_\_\_\_\_ #2: \_\_\_\_\_

1) Has this person ever been tested for hep C?  
 Yes, in the last year  
 Yes, over a year ago  
 Never tested

2) What is their current hep C status?  
 They have hep C  
 They don't have hep C  
 They don't know  
2b) If they DO have hep C, what year were they diagnosed? \_\_\_\_\_

3) Where did they get their last hep C test?  
GP / Hospital / Prison / Needle & Syringe Program /  
Pharmacotherapy or other drug treatment clinic / Not tested /  
Other (specify): \_\_\_\_\_

4a) Have they ever had any treatment for their hep C?  
 Yes If YES, what year? \_\_\_\_\_  
 No If YES, what type? New / Old

5) Where did they receive treatment?  
GP / Hospital / Prison / Needle & Syringe Program /  
Pharmacotherapy or other drug treatment clinic / Not treated /  
Other: \_\_\_\_\_

6) Did their treatment work?  
 Yes, cured  
 On treatment now  
 No, not cured  
 Never treated  
 Other: \_\_\_\_\_

7) Have they been tested for re-infection?  
 Yes – Still cured  
 Yes – Re-infected  
 Have not re-tested  
 Never tested

RECORDED WITH REENCAST MATIC

# Pilot year

## 10 peer educators

ATSI = 3      Female = 6  
Other = 7     Male = 4



## 208 peers reached

ATSI = 32      Female = 77  
CaLD = 28     Male = 117  
Other = 148    N/S = 14



## 73 peer referrals



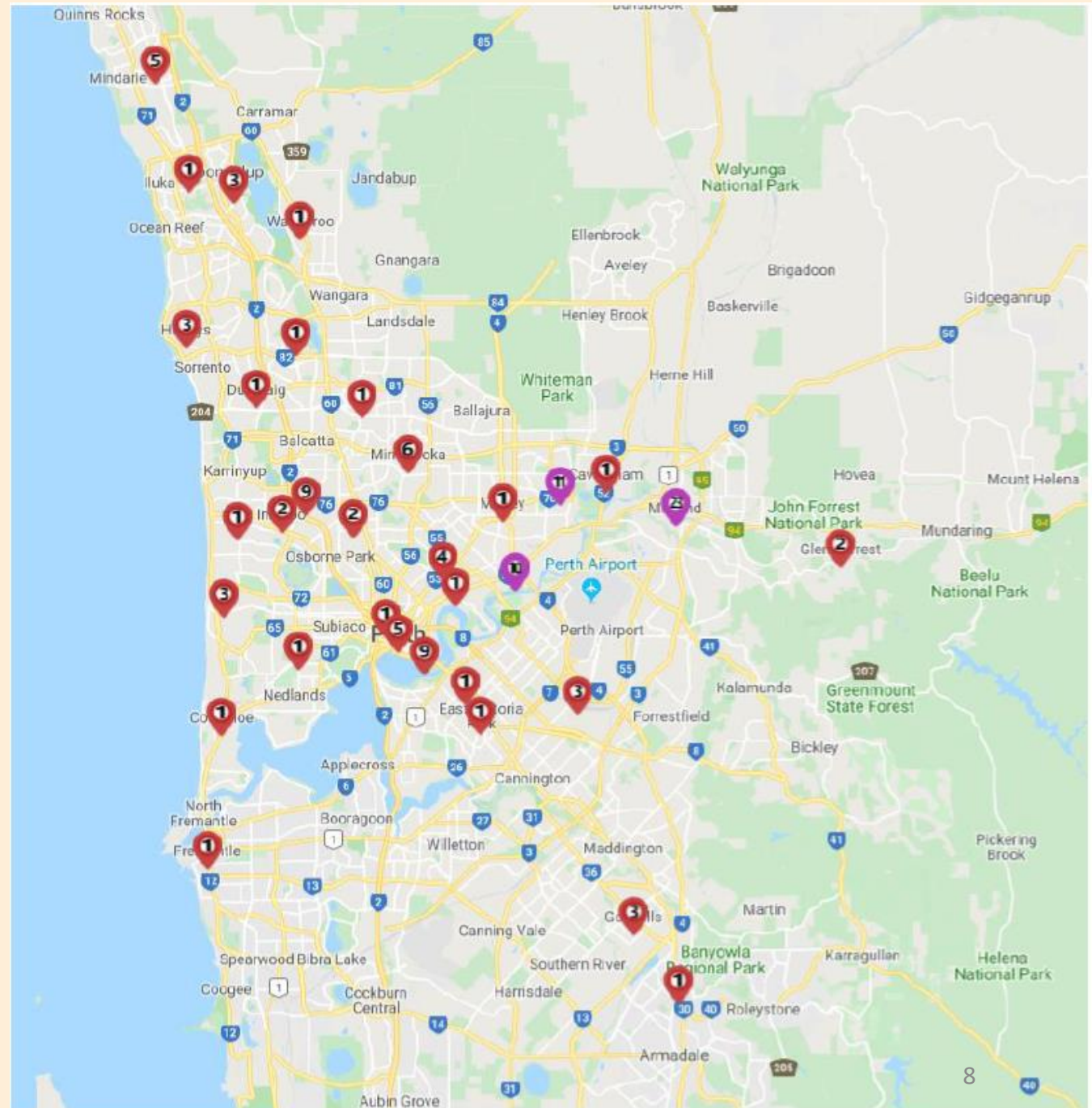
26% converted to  
appointments

## Peer to Peer Education Sessions

|                         |     |
|-------------------------|-----|
| PBHRWA & health clinic  | 108 |
| HCV Testing             | 145 |
| HCV Treatment           | 122 |
| Hepatitis C Virus       | 97  |
| Harm Reduction          | 93  |
| HCV Case Management     | 93  |
| Transmission/Prevention | 89  |
| Liver Health            | 77  |

# Geographic distribution of peer educator to peer interactions

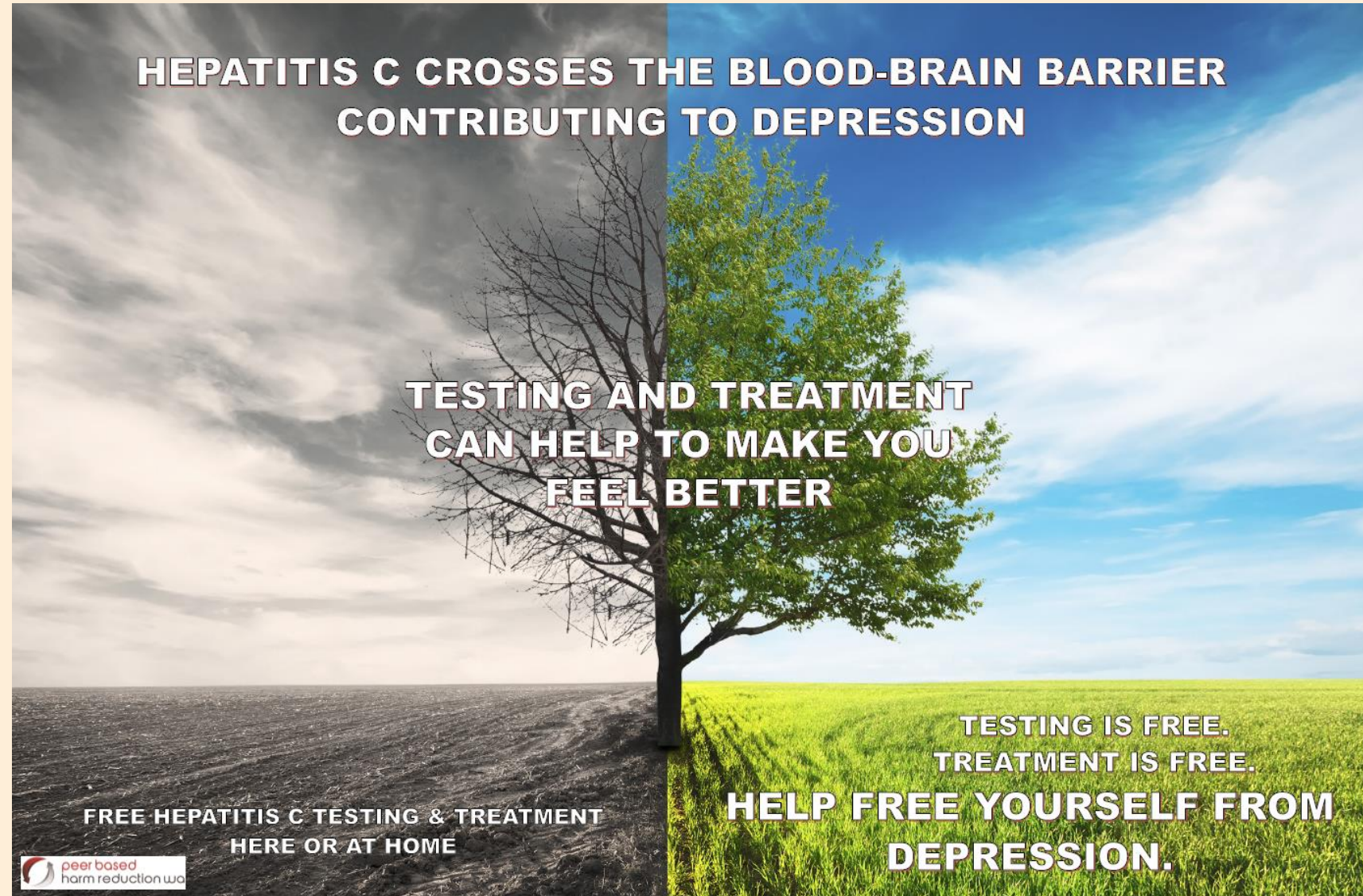
May - October 2019





# Informing HCV Health Promotion at PBHRWA

- 🔥 Key messages and resources are developed, targeting the injecting drug using community throughout the life of the project
- 🔥 Positive reasons to care
- 🔥 Aspirational



# What have we learned?

- 🔥 Engagement may take time
- 🔥 Key role of peers
- 🔥 Messaging important
- 🔥 Trust, respect and no judgement is mutual
- 🔥 Promotion of positive physical and mental health improvements
- 🔥 Service responsiveness, innovation and flexibility are imperative



# Constantly Evolving

- 🔥 2x Peer workers trained in phlebotomy; 1 in Perth and 1 in the South West, May 2019
- 🔥 South West service expanded to include mobile health clinic across the region, April 2019
- 🔥 Incentive payments commenced in South West service, August 2019
- 🔥 Hep C PHRE expanded to our South West service
- 🔥 Consumer experience and input continues to inform all aspects of service delivery





# Did talking to a peer make a difference?

*“Easier to relate to. (They were) happier to talk and listen and it was more believable.”*

# How does being a peer educator make you feel?

*“I feel empowered, proud, capable, valued.”*







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